

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

Southern District of New York

(State)

Case number (if known): Chapter 11

☐ Check if this is an amended filing

**Official Form 205**

**Involuntary Petition Against a Non-Individual**

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1:** Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

**1. Chapter of the Bankruptcy Code**

Check one:

- ☐ Chapter 7  
☒ Chapter 11

**Part 2:** Identify the Debtor

**2. Debtor's name** Faus International Inc.

**3. Other names you know the debtor has used in the last 8 years** dba Mykonos Blue  
\_\_\_\_\_  
\_\_\_\_\_  
Include any assumed names, trade names, or doing business as names.

**4. Debtor's federal Employer Identification Number (EIN)**

☐ Unknown

8 1 - 4 2 1 7 5 7 6  
EIN

**5. Debtor's address**

**Principal place of business**

127-129 West 28th Street  
Number Street

New York NY 10001  
City State ZIP Code

New York  
County

**Mailing address, if different**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
P.O. Box

\_\_\_\_\_  
City State ZIP Code

**Location of principal assets, if different from principal place of business**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

6. Debtor's website (URL) www.mykonosbluenyc.om

7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
☐ Partnership (excluding LLP)  
☐ Other type of debtor. Specify: \_\_\_\_\_

8. Type of debtor's business

Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the types of business listed.  
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☐ No  
☒ Yes. Debtor Faus International Inc. Relationship same  
District SDNY Date filed 4/22/2019 Case number, if known 19-11236-mg  
MM / DD / YYYY  
Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

Part 3: Report About the Case

10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.  
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).  
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.  
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No  
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**13. Each petitioner's claim**

Name of petitioner

Nature of petitioner's claim

Amount of the claim  
above the value of  
any lien

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total of petitioners' claims		\$ _____

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

**Part 4: Request for Relief**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

**Petitioners or Petitioners' Representative**

**Name and mailing address of petitioner**

Eleni Vareli  
Name  
PO Box 1681  
Number Street  
New York NY 10150  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/30/2019  
MM / DD / YYYY

**X** /s/ Eleni Vareli  
Signature of petitioner or representative, including representative's title

**Attorneys**

Dawn Kirby, Esq.  
Printed name  
Kirby Aisner & Curley, LLP  
Firm name, if any  
700 Post Road, Suite 237  
Number Street  
Scarsdale, NY 10583  
City State ZIP Code

Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby  
Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Ergema LLC

Name

PO Box 1681

Number Street

New York

City

NY

State

10150

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Eleni Vareli

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/30/2019  
MM / DD / YYYY

**X** /s/ Eleni Vareli

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

City

State

ZIP Code

Contact phone 914-401-9500

Email dkirby@kacllp.com

Bar number 2733004

State

NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

**Name and mailing address of petitioner**

Yianni Koulouris

Name

36 Sutton Place., South #15A

Number Street

New York

City

NY

State

10022

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/30/2019  
MM / DD / YYYY

**X** /s/ Yianni Koulouris

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

City

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State

NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Georgia Anthi Mitrousia

Name

PO Box 1681

Number Street

New York

City

NY

State

10150

ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/30/2019  
MM / DD / YYYY

**X** /s/ Georgia Anthi Mitrousia

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

City

State

ZIP Code

Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

**Name and mailing address of petitioner**

Western Corp

Name

220 Ingraham Street

Number Street

Brooklyn

City

NY

State

11237

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Steve Vlasleuras

Name

220 Ingraham Street

Number Street

Brooklyn

City

NY

State

11237

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/30/2019  
MM / DD / YYYY

**X** /s/ Steve Vlasleuras

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

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Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

SF Consultants LLC

Name

31-19 Newtown Avenue, 7th Floor

Number Street

Astoria

City

NY

State

11102

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Elias N. Fillas, President

Name

31-19 Newtown Avenue, 7th Floor

Number Street

Astoria

City

NY

State

11102

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/10/2019

MM / DD / YYYY

☒ /s/ Paul D. Palagian

Signature of petitioner or representative, including representative's title

Zachary S. Kaplan

Printed name

Saccot & Fillas, LLP

Firm name, if any

31-19 Newtown Avenue, 7th Floor

Number Street

Astoria

City

NY

State

11102

ZIP Code

Contact phone 718-269-2232 Email zkaplan@saccotfillas.com

Bar number 5387998

State NY

☒ /s/ Zachary S. Kaplan

Signature of attorney

Date signed 06/10/2019

MM / DD / YYYY

**Name and mailing address of petitioner**

Fantis Foods Inc.

Name

60 Triangle Blvd.

Number Street

Carlstadt

City

NJ

State

07072

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Jerry Makris, V. President

Name

60 Triangle Blvd.

Number Street

Carlstadt

City

NJ

State

07072

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/07/2019

MM / DD / YYYY

☒ /s/ Jerry Makris

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

City

State

ZIP Code

Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

☒ /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019

MM / DD / YYYY

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Fantis Imports Inc.  
Name

60 Triangle Blvd.  
Number Street

Carlstadt NJ 07072  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

Jerry Makris, V. President  
Name

60 Triangle Blvd.  
Number Street

Carlstadt NJ 07072  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/07/2019  
MM / DD / YYYY

**X** /s/ Jerry Makris

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

M. Slavin & Sons  
Name

800 Foodcenter Drive #66  
Number Street

Bronx NY 10474  
City State ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/11/2019  
MM / DD / YYYY

**X** /s/ Cindy Slavin, Secretary/ Treasurer

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

Scarsdale, New York 10583

City State ZIP Code

Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019  
MM / DD / YYYY

Thomas Torto, Esq.

Printed name

Firm name, if any

419 Park Avenue, So., Ste., 406

Number Street

New York NY 10016  
City State ZIP Code

Contact phone 212-532-5881 Email \_\_\_\_\_

Bar number \_\_\_\_\_

State NY

**X** /s/ Thomas Torto

Signature of attorney

Date signed 06/11/2019  
MM / DD / YYYY

Debtor Faus International Inc., dba Mykonos Blue  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Chem-Clean Co.

Name

33-69 55th Street

Number Street

Woodside

City

NY

State

11377

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Changrong LI c/o Chem-Clean Co.

Name

33-69 55th Street

Number Street

Woodside

City

NY

State

11377

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/11/2019

MM / DD / YYYY

**X** /s/ Changrong Li., President

Signature of petitioner or representative, including representative's title

**Name and mailing address of petitioner**

RJ Linen and Uniforms

Name

305 N. Macquesten Pkwy

Number Street

Mount Vernon

City

NY

State

10550

ZIP Code

**Name and mailing address of petitioner's representative, if any**

Ruben Pepin, President

Name

305 N. Macquesten Pkwy

Number Street

Mount Vernon

City

NY

State

10550

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/13/2019

MM / DD / YYYY

**X** /s/ Ruben Pepin, President

Signature of petitioner or representative, including representative's title

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

700 Post Road, Suite 237

Number Street

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City

State

ZIP Code

Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019

MM / DD / YYYY

Dawn Kirby, Esq.

Printed name

Kirby Aisner & Curley LLP

Firm name, if any

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Number Street

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Contact phone 914-401-9500 Email dkirby@kacllp.com

Bar number 2733004

State NY

**X** /s/ Dawn Kirby

Signature of attorney

Date signed 06/13/2019

MM / DD / YYYY